IN THE CIRCUIT COURT OF THE 18TH JUDICIAL CIRCUIT

HAND AND PLASTIC SURGERY ASSOCIATES, LTD,

Plaintiff(s)

v.

JOANNE J. & JOHN JACOBS,

Defendant(s)

No. 2007SC010361

$4954.45 + COSTS

JUDGE KOCORAS
MAGISTRATE JUDGE COX

File Stamp Here

SUMMONS

To each defendant:

You are hereby summoned and required to appear before this Court in the DUPAGE COUNTY COURTHOUSE at 505 NORTH COUNTY FARM ROAD--P.O. BOX 707, WHEATON IL 60189-0707, in Courtroom No. 2001 at 8:45 AM on 02/06/2008, to answer the complaint of the PLAINTIFF(s), a copy of which is attached. IF YOU FAIL TO DO SO, A JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT.

R E T U R N. This summons may not be served later than three (3) days before the day for appearance.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THE DEBT COLLECTOR IS ATTEMPTING TO COLLECT A DEBT. THAT ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

WITNESS: CHRIS KACHIROUBAS, CLERK OF THE 18TH JUDICIAL CIRCUIT, and the Seal thereof, at WHEATON IL 60189-0707

Dated: DEC 31 2007

CHRIS KACHIROUBAS Circuit Court Clerk

Clerk of the 18TH Judicial Circuit Court

NOTICE TO PLAINTIFF:

Parties are required to appear on the return date. If the defendant denies the claim(s) set forth in the complaint, a future trial date will be set. The case will not be heard for trial on the date stated above.

EDGERTON & EDGERTON
Atty No. 24830
Attorney for Plaintiff
125 Wood St., P.O. Box 218
West Chicago, IL. 60186-0218
(630) 231-3000

To the Officer:
This summons must be returned by the officer or other person to whom it was given for service, with endorsement of service and fees, if any, immediately after service and not less than three days before the date of appearance. If service cannot be made, this summons shall be returned so endorsed.

NOTICE TO PLAINTIFF OR PLAINTIFF'S ATTORNEY: When preparing the above SUMMONS, you will insert a return day not less than 14 nor more than 40 days after the date of issuance; said return day to be any weekday, Monday through Friday inclusive, except a legal holiday. **IF YOU FAIL TO APPEAR ON THE RETURN DATE, SHOWN ABOVE, YOUR CASE MAY BE DISMISSED FOR WANT OF PROSECUTION.**

(87 CF 1)

CHRIS KACHIROUBAS, CLERK OF THE 18TH JUDICIAL CIRCUIT COURT
WHEATON IL 60189-0707

EXHIBIT
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UNITED STATES OF AMERICA

STATE OF ILLINOIS

COUNTY OF DUPAGE

IN THE CIRCUIT COURT OF THE 18TH JUDICIAL CIRCUIT

HAND AND PLASTIC SURGERY ASSOCIATES, LTD,

Plaintiff(s)

v.

JOANNE J. & JOHN JACOBS,

Defendant(s)

2007SC010361

No.

Assigned To: 2001

FILED
Dec 31 2007 - 10:17 AM
Chris Kachiroubas
CLERK OF THE CIRCUIT
18TH JUDICIAL CIRCUIT
DU PAGE COUNTY ILLINOIS

SMALL CLAIMS COMPLAINT

I, the undersigned, being first duly sworn upon oath, depose and claim that the DEFENDANT(s) is/are indebted to the PLAINTIFF(s) in the sum of **$4954.45** + costs for:

$4654.45 DUE ON MEDICAL EXPENSE PLUS $300 ATTORNEY FEES FAMILY EXPENSES PER ATTACHMENTS.

and that the PLAINTIFF(s) has/have demanded payment of said sum; that the DEFENDANT refused to pay same and that no part thereof has been paid; that the DEFENDANT, **JOANNE J. & JOHN JACOBS,** (resides/has principal place of business) at **5651 S. SAYRE AVE., CHICAGO IL 60638,** Phone No. **(773) 229-0394,** and that the PLAINTIFF, **HAND AND PLASTIC SURGERY ASSOCIATES, LTD,** (resides/has principal place of business) at **1200 SOUTH YORK RD. #3200, ELMHURST, IL 60126,** Phone No. , in the State of Illinois.

X_____

Signature of Plaintiff or
Attorney for Plaintiff

EDGERTON & EDGERTON
Atty No. **24830**
Attorney for Plaintiff
125 Wood St., P.O. Box 218
West Chicago, IL. 60186-0218
(630) 231-3000

SUBSCRIBED and SWORN before me

Dated:_____

_____

NOTARY PUBLIC - CIRCUIT COURT CLERK

(83 CF 3)

CHRIS KACHIROUBAS, CLERK OF THE **18TH** JUDICIAL CIRCUIT COURT
WHEATON IL 60189-0707

HAND AND PLASTIC SURGERY ASSOCIATES, LTD
PATIENT REGISTRATION FORM

Patient Name: JACOBS, Joanne T.

Address: [redacted] (Street) [redacted] (City) IL (State) [redacted] (Zip)

Home Phone No: [redacted] Work Phone No: —

Date of Birth: _____ Social Security Number: _____

Primary Care Physician: [redacted] Phone No: [redacted]

GUARANTOR INFORMATION

THIS SECTION MUST BE COMPLETED BY THE PARENT/GUARDIAN THAT IS AUTHORIZING TREATMENT

Name: _____

Address (if different from above) _____ (Street) (City) (State) (Zip)

Home Phone No: _____ Work Phone No: _____

Date of Birth: _____ Social Security Number: _____

INSURANCE INFORMATION

Name of Insurance Company: _____ Cardholder: _____

Mailing Address: _____ (Street) (City) (State) (Zip)

ID NO: _____ Group No: _____

Phone No: _____ Do you have an attorney? _____

PLACE OF EMPLOYMENT

Name of Employer: _____ Phone No: _____

Address: _____ (Street) (City) (State) (Zip)

PLEASE PROVIDE VALID PICTURE I.D. & PRIVATE INSURANCE CARD.

CONSENT TO HEALTH CARE SERVICES

I the undersigned Patient, or undersigned person responsible for consenting on patient's behalf hereby request and consent to Hand and Plastic Surgery Associate's LTD to be examined and treated by the medical, nursing and other healthcare personnel who may participate in the Patient's care.

I hereby assign, transfer, and set over to Hand and Plastic Surgery Associates, LTD. All of my rights, title, and interest to my medical reimbursement benefits under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until I revoking said authorization give written notice.

I understand that I am financially responsible for all charges whether or not they are covered by insurance. I understand that all bills are to be paid in full within 45 days of submission to my company. Hand and Plastic Surgery Associates, LTD does not wait for the settlement of lawsuits. Interest of ½% per month up to 9% annually will be charged after 60 days. A payment plan will eliminate interest charges and collections. I understand that I am responsible for all costs and fees, including any attorney fees, and interest incurred from the date of my initial consultation with any physician at the Hand and Plastic Surgery Associates, LTD.

Joanne T. Jacobs — Patient/Guarantor Signature

April 27, 2004 — Date